

HUS Case Investigation Worksheet

Date of interview: ____/____/____

Massachusetts Department of Public Health
Bureau of Communicable Disease Control
Division of Epidemiology and Immunization
(617) 983-6800

Completed by _____

Phone: () -

This worksheet may be used to collect additional information on cases of HUS in an attempt to determine the source of infection. A *Hemolytic Uremic Case Report Form* **must** be completed for each case of HUS and this worksheet may be attached the case report form upon submission to MDPH. This worksheet **DOES NOT** take the place of the HUS Case Report Form.

Name of case: _____ Age/DOB: _____ Gender: M F

Address: _____ Phone: _____

Name of person providing information: _____

Relationship to case: Parent Spouse Other _____

CLINICAL INFORMATION

Diarrhea Onset Date: ____/____/____

Time of Diarrhea Onset: _____ AM PM

Symptoms:

Nausea	Y	N	U
Diarrhea	Y	N	U
Bloody diarrhea	Y	N	U
Abdominal Cramps	Y	N	U
Vomiting	Y	N	U
Headache	Y	N	U
Fever	Y	N	U

Duration of symptoms? _____ days/weeks

Did you seek medical attention? Y N

Did you submit a stool specimen? Y N

Results of stool testing: _____

Was the case hospitalized overnight? Y N

If yes, where: _____ For how long? _____ day wks

CONTACTS

How many people live in the case s household: Total (including case): _____

Did any of the case s household contacts have a diarrheal illness in the 10 days prior to or after the case s onset of illness? Y N

If yes:

Name	Onset Date	List symptoms
1) _____		
2) _____		

Did any of the case s other significant contacts (playmates, workmates, etc.) have a diarrheal illness in the 10 days prior to or after the case s onset of illness? **Y** **N**

If yes:

	Name	Age	Sex	Relationship	Onset Date	List symptoms
1)						
2)						

Is the case enrolled in or work for a daycare center? **Y** **N**

If yes, is there diarrheal illness in the daycare? **Y** **N**

Name and address of daycare:

FOOD HISTORY

Where does the case or case s family most commonly shop for groceries?

Name of store	Town

Does the case or case s family belong to or shop at any wholesale clubs? (eg, BJ s, Costco. . .)

Y **N**

If yes, which club: _____

Time period from _____ to _____ (7 days prior to onset of diarrhea).

During this time period, did the case eat at home, in a restaurant or at someone else s house any of the following items:

Meat

Ground Beef **Y** **N** **U**

If yes,

When did the case **consume** the ground beef (date and time)? _____

Where did the case **consume** the ground beef (home-cooked, restaurant. . .)

If in a restaurant, name and address of establishment _____

If home cooked, where was the ground beef **purchased** (store name and location)?

When was the ground beef **purchased** (date)? _____

Type of product (pre-made patties, bulk meat, % lean, sell-by date)? _____

Is there any product left in the case s home? **Y** **N**

Did the hamburger appear undercooked? **Y** **N**

If the case did not eat ground beef, was ground beef in the case s refrigerator during the week prior to the onset of diarrhea? **Y** **N** **U**

List date consumed and place of purchase (store or restaurant name and location)

Steak	Y	N	U	_____
Roast beef	Y	N	U	_____
Veal	Y	N	U	_____
Ground pork	Y	N	U	_____
Sausage	Y	N	U	_____
Salami	Y	N	U	_____
Ham	Y	N	U	_____
Hot Dogs	Y	N	U	_____
Bologna or other deli meats	Y	N	U	_____
Specify: _____				
Processed meat (beef jerky)	Y	N	U	_____
Specify: _____				
Wild game (venison, rabbit)	Y	N	U	_____
Specify: _____				

Fruits/Vegetables

Did you eat any of the following uncooked, fresh fruits or vegetables?

Apples	Y	N	U	_____
Apple sauce	Y	N	U	_____
Home made	Y	N		_____
Bananas	Y	N	U	_____
Berries:	Y	N	U	_____
Specify: _____				
Cantaloupe	Y	N	U	_____
Grapes	Y	N	U	_____
Honeydew melon	Y	N	U	_____
Nectarines	Y	N	U	_____
Peaches	Y	N	U	_____
Pineapple	Y	N	U	_____
Plums	Y	N	U	_____
Strawberries	Y	N	U	_____
Watermelon	Y	N	U	_____
Basil or other fresh herbs	Y	N	U	_____
Specify other: _____				
Broccoli	Y	N	U	_____
Cabbage	Y	N	U	_____
Carrots	Y	N	U	_____
Cucumbers	Y	N	U	_____
Lettuce	Y	N	U	_____
iceberg	Y	N	U	_____
romaine	Y	N	U	_____
red leaf	Y	N	U	_____
green leaf	Y	N	U	_____
other	Y	N	U	_____
mesclun	Y	N	U	_____
pre-packaged?	Y	N	U	_____
Potatoes	Y	N	U	_____
Spinach	Y	N	U	_____
Sprouts	Y	N	U	_____
Alfalfa	Y	N	U	_____
Bean	Y	N	U	_____

List date consumed and place of purchase (store or restaurant name and location)

Radish	Y	N	U
Other	Y	N	U
Tomatoes	Y	N	U

Beverages

Apple juice	Y	N	U
Apple cider	Y	N	U
Other juices	Y	N	U
Unpasteurized milk	Y	N	U

What is the water source for the case's drinking water at home?

Municipal Well Bottled

Other Exposures

Case's activities during the 7 days before illness onset (from _____ to _____).

Did the case travel out of the country or out of the state during the 7 days prior to the onset of diarrhea? **Y** **N**

If yes, where? _____

Dates of travel _____

Did the case visit any parks or beaches during the 7 days prior to the onset of diarrhea? **Y** **N**

If yes, where? _____

When? _____

Did the case swim or wade in any body of fresh water (lake, stream, river, ocean) during the 7 days prior to the onset of diarrhea? **Y** **N**

If yes, where? _____

When? _____

Did the case visit a farm or farm park/petting zoo during the 7 days prior to the onset of diarrhea? **Y** **N**

If yes, where? _____

When? _____

Did the case participate in outdoor activities (e.g., hiking or camping) in the 7 days prior to the onset of diarrhea? **Y** **N**

If yes, what activities? _____

Where? _____

When? _____

Comments:

07/2000